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Date: August 26, 2003

To: U.S. Patent & Trademark Office Fax #: (703) 872-9302 Confirm#:

Examiner: Joseph Merek

Client Matter#: ADA-001.01 (23049-101)

From: Jeffrey M. Sears Sender's Number: 3022 User #:  
Total Pages Sent (Including Cover Sheet): 15 Office: Boston

**Message**

Re: U.S. Patent Application No. 10/021,513

Enclosed are the following:

1. Transmittal Form with Certificate of Transmission (1 page);
2. Fee Transmittal Form (*in duplicate*) (2 pages total);
3. Response (11 pages); and
4. This fax cover sheet (1 page).

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20/555883.1

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Foley, Hoag & Eliot LLP  
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Received from <617 832 7000> at 8/26/03 12:50:35 PM [Eastern Daylight Time]

PTO/SB/21 (08-00)

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Approved for use through 10/31/2002. OMB 0851-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/021,513	
	Filing Date	December 7, 2001	
	First Named Inventor	Buia	
	Group Art Unit	3727	
	Examiner Name	Joseph Merek	
Total Number of Pages in This Submission	15	Attorney Docket Number	ADA-001.01 (23049-101)

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Appointment of Power of Attorney and Revocation of Prior Powers <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): FAX cover sheet
Remarks	Customer Number 25,181 <b>FAX RECEIVED</b> AUG 26 2003 <b>GROUP 2000</b>	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Jeffrey M. Sears
Signature	<i>Jeffrey M. Sears</i>
Date	August 26, 2003

CERTIFICATE OF TRANSMISSION			
I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office at (703) 872-9302 on August 26, 2003.			
Typed or printed name	Jeffrey M. Sears	Date	August 26, 2003
Signature	<i>Jeffrey M. Sears</i>		

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<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2003</h3> <p style="font-size: small; margin: 5px 0;">Patent fees are subject to annual revision.</p>		<b>Complete if Known</b>		
		Application Number	10/021,513	
		Filing Date	December 7, 2001	
		First Named Inventor	Buia	
		Examiner Name	Joseph Merek	
		Group / Art Unit	3727	
TOTAL AMOUNT OF PAYMENT (\$)		18.00	Attorney Docket No.	ADA-001.01 (23045-101)

METHOD OF PAYMENT (check one)				FEE CALCULATION (continued)																																																																																																																																																				
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number: 06-1448, Ref. ADA-001.01</p> <p>Deposit Account Name: Foley Hoag, LLP</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input type="checkbox"/> Payment Enclosed:</p> <p><input type="checkbox"/> Check    <input type="checkbox"/> Credit card    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other</p>				<p>3. ADDITIONAL FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1031</td><td>130</td><td>2051</td><td>65</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td></td></tr> <tr><td>1252</td><td>410</td><td>2252</td><td>205</td><td></td></tr> <tr><td>1253</td><td>930</td><td>2253</td><td>465</td><td></td></tr> <tr><td>1254</td><td>1,450</td><td>2254</td><td>725</td><td></td></tr> <tr><td>1255</td><td>1,970</td><td>2255</td><td>985</td><td></td></tr> <tr><td>1401</td><td>320</td><td>2401</td><td>160</td><td></td></tr> <tr><td>1402</td><td>320</td><td>2402</td><td>160</td><td></td></tr> <tr><td>1403</td><td>280</td><td>2403</td><td>140</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td></td></tr> <tr><td>1453</td><td>1,300</td><td>2453</td><td>650</td><td></td></tr> <tr><td>1501</td><td>1,300</td><td>2501</td><td>650</td><td></td></tr> <tr><td>1502</td><td>470</td><td>2502</td><td>235</td><td></td></tr> <tr><td>1503</td><td>630</td><td>2503</td><td>315</td><td></td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td></td></tr> <tr><td>1808</td><td>180</td><td>1808</td><td>180</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td></td></tr> <tr><td>1809</td><td>750</td><td>2809</td><td>375</td><td></td></tr> <tr><td>1810</td><td>730</td><td>2810</td><td>375</td><td></td></tr> <tr><td>1801</td><td>750</td><td>2801</td><td>375</td><td></td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td></td></tr> </tbody> </table> <p>Other fee (specify) _____</p> <p>*Reduced by Basic Filing Fee Paid</p>				Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid	1031	130	2051	65		1052	50	2052	25		1053	130	1053	130		1812	2,520	1812	2,520		1804	920*	1804	920*		1805	1,840*	1805	1,840*		1251	110	2251	55		1252	410	2252	205		1253	930	2253	465		1254	1,450	2254	725		1255	1,970	2255	985		1401	320	2401	160		1402	320	2402	160		1403	280	2403	140		1451	1,510	1451	1,510		1452	110	2452	55		1453	1,300	2453	650		1501	1,300	2501	650		1502	470	2502	235		1503	630	2503	315		1460	130	1460	130		1807	50	1807	50		1808	180	1808	180		8021	40	8021	40		1809	750	2809	375		1810	730	2810	375		1801	750	2801	375		1802	900	1802	900	
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*or number previously paid, if greater; For Reissues, see above																																																																																																																																																								

SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	Jeffrey M. Sears	Registration No. Attorney/Agent	49,440	Telephone	617-832-3022
Signature				Date	August 28, 2003